The Old Exchange Surgery

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This practice is rated as Good overall.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at The Old Exchange Surgery on 7 August 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Arrangements for dispensing medicines at the practice kept patients safe.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice's performance in relation to the Quality Outcome Framework (QOF) results was generally in line with the Clinical Commissioning Group (CCG) and national averages.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Results from the July 2017 national GP patient survey were generally above local and national averages.
- All 10 of the patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.
- Staff told us they were happy to work at the practice and felt supported by the management team. Staff told us they were encouraged to raise concerns and share their views.
- We saw evidence that complaints were handled effectively, trends were analysed and lessons learned and distributed amongst relevant staff.
- The practice is an accredited eastern region clinical research network practice and an accredited training practice. The practice GP had been nominated for a "trainer of the year" 2016 award by the local university and this was celebrated by the practice.

The areas where the provider **should** make improvements are:

- Ensure that all actions arising from infection control audits are completed and monitored.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Older people	Good
People with long-term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser and a practice manager adviser. A second practice manager adviser was shadowing the inspection.

Background to The Old Exchange Surgery

The Old Exchange Surgery provides services to approximately 3,432 patients in St Ives, Cambridgeshire. The practice is situated in the NHS Cambridge and Peterborough CCG area. The practice has a General Medical Services (GMS) contract with the NHS.

The practice provides services to a diverse population age group, is in a semi-rural location and is a dispensing practice, dispensing to approximately 850 patients. A dispensing practice is able to offer dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy.

There is one female GP who holds sole managerial and financial responsibility for the practice. In addition to this, there are two GP (one male and one female) registrars. (A GP registrar is a qualified doctor who is training to become a GP). There is a team of three practice nurses and a health care assistant. The clinical team is supported by a practice manager, a team of receptionists, a dispenser and practice secretary.

The practice is open between 7.15am and 6pm on Monday and Friday and 8am to 6pm Tuesday to Thursday. The practice does not provide GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by Herts Urgent Care via the NHS 111 service.

The practice is an accredited eastern region clinical research network practice and an accredited training practice.

According to Public Health England information, the patient population aged 0 to 4 is below the practice average across England and it has an above average number of patients aged 65 and over compared to the practice average across England. Income deprivation affecting children and older people is below the practice average across England.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks including; references from previous employment, proof of identification and Disclosure and Barring Service (DBS) check.
- There was a system to manage infection prevention and control. We saw evidence that an infection control audit had been completed in March 2018. However, we could not find evidence of a clear action plan relating to all of the issues identified from the audit, detailing the timescales for completion and person(s) responsible. The practice advised us that they would complete an action plan immediately following the inspection.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. We saw evidence that regular health and safety checks, equipment calibration and portable appliance testing were completed.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role. There was an effective induction system for temporary staff tailored to their role including locum GP staff. When locum staff were utilised, the practice regularly used the same individuals for consistency of care for patients.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Staff that we spoke with were able to identify their responsibilities during a medical emergency.
- Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had some systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice held regular multi-disciplinary team meetings with other agencies such as health visitors, school nurses and social workers to review and share relevant information.
- Clinicians made timely referrals in line with protocols. Referral letters that we viewed contained adequate information and were made in a timely manner.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. We saw evidence the practice completed documented checks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in

Good

Are services safe?

line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines. We saw evidence that patients on high risk medicines such as Methotrexate, Lithium and Warfarin were monitored appropriately.
- Arrangements for dispensing medicines at the practice kept patients safe. Prescriptions were always signed prior to dispensing by a GP. Regular stock checks were undertaken and the fridge temperatures were monitored daily. Staff knew what to do if fridges were out of the expected temperature range. All dispensed medicines were double checked prior to being dispensed. The dispensary held a range of standard operating procedures which were regularly reviewed and updated.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues such as fire safety, legionella and health and safety.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so, staff we spoke with confirmed this.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw evidence that incidents were discussed in all staff meetings and the practice disseminated learning amongst staff.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. We reviewed some safety alerts and found they had been acted upon appropriately.

Please refer to the evidence tables for further information.

Good

Are services effective?

We rated the practice and all of the population groups as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions in the care records we reviewed.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. Additional support information was available throughout the practice on noticeboards, for example, where the seek further support and the most appropriate NHS service to attend, if a condition worsened during a time that the practice was closed.
- A clinician contacted patients within three days following the practice being notified of a discharge from hospital.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- All patients had a named GP, including those patients in a residential care home.
- The practice worked with local residential and nursing homes and offered home visits to these patients.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice offered to loan a blood pressure monitoring machine to patients for up to a week, to enable patients to monitor their blood pressure at home.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was generally in line with local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% or above with a range of 95% to 97%. The practice ensured a high uptake rate by booking immunisations at the point of the 6-week mother and baby check, with a reminder service closer to the date.
- The practice held a multi-disciplinary team meeting with school nursing teams, midwives and health visitors.
- The practice provided a room within the practice to, and made referrals to, an independent tongue tie division specialist and breastfeeding counsellor. These services were available to patients of the practice and also those patients registered elsewhere.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice had noticeboards with health messages and advertising services pertinent to young people as well as general information; for example, sexual health and contraceptive services.

Working age people (including those recently retired and students):

Good

Are services effective?

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme and above the Clinical Commissioning Group (CCG) average of 71% and national average of 72%.
- The practice's uptake for breast and bowel cancer screening was above the local and national averages.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered annual health checks to patients with a learning disability. The practice had 11 patients with a learning disability, 10 of those patients had received an annual health check in the previous 12 months. The practice informed us that the remaining one patient had not received a health check as they had declined it.
- The practice offered diet and exercise advice in picture and easy read format.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice provided vulnerable patients with local food bank vouchers, if necessary.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practice offered extended appointments for those patients experiencing poor mental health.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practices performance on quality indicators for mental health was above local and national averages. The practice achieved 100% for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months which was significantly above the local and national averages.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- For example, the practice recently completed an audit following a patient safety alert on the increased risk to patients with a cochlear implant to develop pneumococcal meningitis. The recommendation was that these patients should be vaccinated with Pneumovax. This audit showed that all appropriate patients had been vaccinated.
- The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the CCG average of 96% and national average of 96%.
- The overall exception reporting rate was 4% compared with the CCG average of 6% and national averages of 6%.

(QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

- The practice used information about care and treatment to make improvements.

Effective staffing

Good

Are services effective?

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews. We saw evidence that staff had completed appropriate training and revalidation to their role.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. We saw evidence of support structures in place for staff and relevant policies and procedures in relation to managing performance.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed a coordinated approach to delivering care and a variety of health and social care professionals were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with vulnerable patients to develop personal care plans.
- The practice ensured, by communicating with palliative care teams, that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. We saw evidence of a variety of leaflets and posters throughout the practice in relation to health eating, stop smoking and local exercise classes. These were also available in easy read formats.
- All newly registered patients over the age of 16 were offered a 'new patient check' which consisted of; a blood pressure check, recording of smoking status and advice, recording of medication history, recording of alcohol consumption and advice, recording of women's health and advice, measuring of height and weight, diet and exercise advice and recording of family history.
- The practice had a planned educational event booked for October 2018 where the practice, working with other local practices, intended to provide the population with information around the importance of screening and prevention, such as; cancer screening, immunisations and health checks.

Consent to care and treatment

Good

Are services effective?

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Clinicians that we spoke with were aware of the Mental Capacity Act, had received training on the Act and were able to evidence how they put that into practice.
- We saw evidence that consent had been obtained in the records we viewed.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for providing a caring service.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- All 10 of the patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.
- Patients we spoke with were complimentary of the practice and the practice staff in relation to kindness, respect and compassion.
- Staff we spoke with understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices GP patient survey results were generally above local and national averages for questions relating to kindness, respect and compassion.
- A regional newspaper rated the practice as the 9th best performing GP practice within the region, based upon 2018 GP Patient Survey data.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way they could understand; for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice had identified 101 carers and supported them; this was approximately 3% of the practice population. The practice identified a member of staff who was provided with additional training to become a Carers Champion. The Carers Champion proactively identified carers and provided carers with a support pack of information, containing local support groups, advocacy and guidance.
- The practices GP patient survey results were above local and national averages for questions relating to involvement in decisions about care and treatment. A significant achievement was that the practiced achieved 100% from 108 surveys returned for the percentage of respondents who answered positively to "Did you have confidence and trust in the GP you saw or spoke to?".

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours. The practice made efforts to offer telephone consultations at a time convenient to patients. Telephone consultations were mainly offered at lunchtime, late afternoon and after the practice is closed at 6pm, to assist the working population.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice offered home visits for patients who were unable to access the practice.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. We spoke with a district nurse who advised us that the practice were very responsive to her requests, particularly for patients approaching the end of life.
- The practice provided dispensary services for people who needed additional support with their medicines; for example, with large print labels. The practice also offered a text or email messaging service, to notify patients when their medicines were ready for collection to minimise unnecessary journeys or telephone calls to the practice for patients.
- Waiting room display boards are updated on a monthly basis and the practice in conjunction with the patient participation group (PPG) aimed to displayed topics which were covered in the media and were part of the national awareness weeks or months.
- Self-help sheets were available in the practice waiting room for a variety of different conditions such as the common cold, coughs or constipation.
- A text reminder service was in operation, to remind patients of booked appointments to attempt to reduce the number of patients failing to attend appointments.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home.
- GPs undertook regular visits to the care homes geographically close to the GP practice to ensure they offered proactive care as well as acute care.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs also accommodated home visits for those who had difficulties getting to the practice, due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Patients with a long-term condition were entered onto the multi-disciplinary team register where appropriate for discussion with other agencies and partners.
- Patients with long term conditions could have a longer appointment when necessary.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

Good

Are services responsive to people's needs?

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours were available.
- The first appointment daily with a nurse or health care assistant was available at 7.15am to enable patients to attend prior to work.
- The practice offered advanced booking of appointments.
- Online access was available to allow patients to book appointments and request repeat medicines.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Vulnerable people and patients with a learning disability were provided with longer appointments if needed.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- There were systems to identify and follow up patients who had not attended hospital appointments.

People experiencing poor mental health (including people with dementia):

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice provided information for patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There were various information materials around the practice signposting patients who may be experiencing mental health problems to relevant support groups.
- Patients who failed to attend medical appointments were proactively followed up by a phone call from a GP.
- Patients who had not collected their prescriptions or medicines from the dispensary were followed up.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients we spoke with and comment cards received were complimentary in relation to accessing the practice and waiting times.
- We observed that at lunchtime on the day of the inspection, there were still appointments available to see a clinician in the afternoon.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients we spoke with reported that the appointment system was easy to use.
- The practice GP patient survey results were significantly above the local and national averages for questions relating to access to care and treatment. For example:
- 99% of respondents to the GP patient survey responded positively to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?', compared to the local average of 75% and national average of 71%.
- 95% of respondents to the GP patient survey responded positively to the overall experience of making an appointment, compared to the local average of 76% and national average of 73%.
- The practice had audited when the practice was busy with telephone calls and had responded by allocating more staff to answer the calls; the practice believed that this had a positive impact on patients accessing the practice by telephone and was one of the reasons for the positive GP Patient Survey data.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available, we saw evidence of this in the waiting rooms, on the practice website and in practice literature. Staff we spoke with told us the practice treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Good

Are services responsive to people's needs?

Please refer to the evidence tables for further information.

Good

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. Staff we spoke with confirmed this and were complimentary of the management at the practice.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision. Staff we spoke with were aware of this vision and how the practice intended to achieve it.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff we spoke with stated they felt respected, supported and valued. They were proud to work in the practice. Some staff that we spoke with had worked at the practice for a number of years and commented on how well the teams work together.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their work.
- There was an emphasis on the safety and well-being of all staff.
- The practice promoted equality and diversity. Staff had received equality and diversity training. Staff that we spoke with reported they were treated equally.
- There were positive relationships between staff and teams and we noted a positive atmosphere and morale amongst staff during our inspection.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local incidents and complaints.

Good

Are services well-led?

- The practice completed three monthly reviews with new members of staff and also provided exit interviews to staff members who were leaving the practice to determine if there was any learning the practice could take or areas of improvement.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents and staff we spoke with were aware of their roles and responsibilities during major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. We saw evidence of this through staff meeting minutes, both clinical and non-clinical staff.
- The practice used performance information such as the Quality and Outcomes Framework, which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The Patient Participation Group (PPG) were positive about their relationship with the practice. The PPG were able to provide us with specific examples of when their concerns had been taken on board by the practice and actions had been taken. For example, they informed the practice that changes to the telephony system were not effective which the practice took on board and reverted to the previous system.
- The practice and PPG were working in collaboration to raise funds for an electrocardiogram (ECG) machine for use at the practice, which would ensure that patients do not have to travel to the nearest hospital.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement

There were of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement, we saw evidence of an audit and review process which clearly identified learning and improvements for the practice to undertake.
- Staff knew about improvement methods and had the skills to use them.
- The practice was also a training practice for medical students and GP registrars. (A GP registrar is a qualified doctor who is training to become a GP).
- The practice GP had been nominated for a "trainer of the year" 2016 award by the local university and this was celebrated by the practice.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- Reception staff were provided with Care Navigator training which enabled them to direct the patient to the most appropriate service and clinician.

Please refer to the evidence tables for further information.